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** CONTINUING DATA ************************* None

** FOREIGN APPLICATIONS ******************* None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
** 08/16/2001

Foreign Priority claimed ☐ yes ☑ no 35 USC 119 (a-d) conditions met ☐ yes ☑ no ☐ Met after Allowance Verified and Acknowledged _Examiner's Signature_ _Initials_	STATE OR COUNTRY OH	SHEETS DRAWING 19	TOTAL CLAIMS 85	INDEPENDENT CLAIMS 8

ADDRESS
08698

TITLE

System, method, and computer program product for configuring and purchasing a medical device

FILING FEE RECEIVED 1205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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